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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Dr. Stahl

State File No. 17801

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 380

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 214 W. Mt Vernon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Christian 22
(c) City or town Ozark 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. .....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Grant Gooch
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Jan. (Month) ? (Day) 1854 (Year)
8. AGE: Years 87 | Months 4 | Days ? | If less than one day ..... hr. ..... min.
9. Birthplace Ozark (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER 12. Name Thomas T. Gooch
FATHER 13. Birthplace Unknown (City, town, or county) South Carolina (State or foreign country)
MOTHER 14. Maiden name Elizabeth (Unknown)
MOTHER 15. Birthplace Unknown (City, town, or county) South Carolina (State or foreign country)
16. (a) Informant H.H. Gooch
(b) Address Ozark, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 5-6-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1941 hour 9 minute 50 a. M.
21. I hereby certify that I attended the deceased from April 22, 1941, 19..., to May 4, 1941, that I last saw him alive on May 4, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cardiac Decompensation and Failure — few hrs.
due to Chronic Myocarditis and
Due to Myocardial Degeneration — years.
Due to .....
Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)
Major findings: Of operations None.
Of autopsy None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Fred A. Stahl (M.D. or other) M.D.,
Address 338 E. McDaniel St., Springfield, Mo. Date signed 5-5-41.

(Licensed Embalmer's Statement on Reverse Side)

HERMAN LOHMEYER FUNERAL HOME,

EAST WALNUT, CITY.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.